

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-023529

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

10-2

Registrar's No.

2930

FILED JUN 25 1962

1. PLACE OF DEATH

a. COUNTY **JACKSON**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **MISSOURI** b. COUNTY **JACKSON**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **KANSAS CITY**

Length of stay in 1b
40 YEARS

c. CITY
OR
TOWN **KANSAS CITY**

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **ST. JOSEPH HOSPITAL**

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS **3010 HARRISON STREET**

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

4. DATE
OF DEATH

Month

Day

Year

KERBY

C

WHITE, SR.

MAY

31

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3/2/1888

9. AGE (last birthday)

74

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY
**BURD & FLETCHER
PRINTING CO.**

11. BIRTHPLACE (City and state or country)
WEST PLAINS, MO.

12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

HENRY

WHITE

13b. MOTHER'S MAIDEN NAME

SEVELLA CLEMMONS

14. NAME OF HUSBAND OR WIFE

MRS. CLARA WHITE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) **YES**

(If yes, give war or dates of service)
WORLD WAR I

16. SOCIAL SECURITY NO.

17. INFORMANT

**MRS. CLARA WHITE 3010 HARRISON ST
KANSAS CITY, MO.**

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

*Meningioma
Cerebral arteriosclerosis*

INTERVAL BETWEEN
ONSET AND DEATH

2 yrs.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Arteriosclerotic heart disease

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **May 27, 1962**
7:05 A.

to **May 30, 1962**

and last saw him alive on **May 30, 1962**
Death occurred at **7:05 A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

W. McCunniff **W. McCunniff**

22b. ADDRESS

836 Argyle Bldg., Kansas City

22c. DATE SIGNED

6-1-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

CREMATION

23b. DATE

JUNE 2, '62

23c. NAME OF CEMETERY OR CREMATORY

D.W. NEWCOMER'S SONS

23d. LOCATION (City, town, or county)

KANSAS CITY

(State)

MISSOURI

24. FUNERAL DIRECTOR

ADDRESS

1331 BRUSH CR.

25. DATE RECD. BY LOCAL REG.

6-1-62

26. REGISTRAR'S SIGNATURE

Ruth N. Long

D.W. NEWCOMER'S SONS KANSAS CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

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Dr. W. H. Harrison or Dr. M. E. Annis
836 Angles Bldg.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Dean W. Huff

Licensed Embalmer No. 4914

P. O. Address Indep., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.